

Embassy of the United States of America Pristina, Kosovo

The purpose of this form is for you to inform the Embassy of the details regarding the death of a U.S. citizen in Kosovo, so that the Embassy may issue a Consular Report of Death of a U.S. Citizen Abroad. Please complete it accurately, legibly and in full and return to the U.S. Embassy's consular section by email at PristinaACS@state.gov.

| Name in f | full of deceased: | | U.S. social security number: | | | |
|------------|---|----------------------------|--------------------------------------|-------------------------------------|--------|--|
| Date (mm | n-dd-yyyy) and place o | of birth of deceased: _ | | | | |
| Evidence | of U.S. Citizenship (U. | S. passport #) (please | <mark>attach a copy</mark>): | | | |
| Last knov | vn address in U.S.A.: _ | | | | | |
| Address A | Abroad (Kosovo): | | | | | |
| | | | | me, address, phone, email): | | |
| NAME | ADDRESS | KOSOVO TELEPHONE NUMBER EN | | EMAIL | | |
| NAME | ADDRESS | KOSOVO TELEPH | ONE NUMBER | EMAIL | | |
| Date of d | eath (per local death c | certificate, MM/DD/YY | YY and time if available): _ | | | |
| Place of d | leath (address of locat | ion, and if applicable, | name of hospital): | | | |
| | | | | | | |
| Locai dea | th certificate # (piease | <u>: attacn a copy</u>) | | | | |
| Dispositio | on of the body (if burie | ed locally, please list lo | cation/municipality): | | | |
| Person or | official responsible fo | or custody of effects o | f the deceased (name and | relationship): | | |
| | | | | | | |
| Send a co | py of the Consular Re | port to: | | | | |
| Name | | Address | Telephone | Email address | | |
| | | | | | | |
| | | | | | | |
| Dlasca an | swer <mark>Yes</mark> or <mark>No</mark> to the | following | | | | |
| | /as an autopsy perfori | - | | | | |
| | | | | | | |
| • W | las the deceased rece | iving U.S. social securi | ty benefits? | | | |
| • W | as the deceased a U.S | S. military veteran or r | eceiving veteran's benefit | s? | | |
| | /as the deceased a for | • • | U.S. government or receiv | ring OPM *U.S. Office of Per | sonnel | |
| IV | | = | | | | |